



Division of Animal Industry
Animal Quarantine Branch
99-951 Halawa Valley Street
Aiea, HI 96701-3246

Department
of Agriculture
STATE OF HAWAII

AQS-2
05/97

PET OWNER STATEMENT

Microchip number: _____
(Microchip is required to qualify for 30-day quarantine)

Estimated Date of Arrival: _____

RETURN completed form to the Animal Quarantine Station for processing.

Forms mailed in must be NOTARIZED and sent to the above address of the Animal Quarantine Branch.

SECTION 1 PRIMARY OWNER INFORMATION - Person whose name appears on the Shipmaster's Declaration (form used by airlines or other transportation provider during transport of your pet) and is authorized to make decisions regarding the health and care of the pet. The name listed below should be the same as the name on the Shipmaster's Declaration.

1. _____
Last Name First Name M. I.

Social Security No./ID I.D Exp. Date ____/____/____ Date of Birth ____/____/____

2. Residence Address: _____

City State ZIP Code

Island Country

Telephone: Daytime (_____) Evening (_____) _____

Is your residence permanent? ☐ Yes ☐ No

3. Mailing Address: _____

City State ZIP Code

Island Country

4. Owner Group: ☐ C-Civilian ☐ A-Army ☐ N-Navy
☐ M-Marines ☐ G-Coast Guard ☐ F-Air Force

SECTION 2 CO-OWNERS - List of person(s) in priority order (other than primary owner) who have authorization to make decisions on the health and care of your pet and to act in the owner's behalf, having the same duties and responsibilities as the owner. Must be 18 years of age or older.

a. _____
Last Name First M.I. Social Security No./ID

Telephone: Daytime (_____) Evening (_____) _____

b. _____
Last Name First M.I. Social Security No./ID

Telephone: Daytime (_____) Evening (_____) _____

c. _____
Last Name First M.I. Social Security No./ID

Telephone: Daytime (_____) Evening (_____) _____

d. _____
Last Name First M.I. Social Security No./ID

Telephone: Daytime (_____) Evening (_____) _____

SECTION 3 AUTHORIZED VISITORS - Person(s) you allow to visit your pet but do not have authority to act in your behalf. Must be 18 years of age or older to be an authorized visitor. (Minors allowed to visit while accompanied by owner or authorized visitor.)

	Last Name	First Name	M.I.	Social Security No./ID
1.				
2.				
3.				
4.				

SECTION 4 PET INFORMATION

1. Name of Pet: _____

2. Species: ☐ D-Dog ☐ C-Cat ☐ O-Other _____

3. Sex: ☐ M-Male ☐ F-Female Neutered: ☐ Yes ☐ No

4. Breed: _____ (Refer to Breed code list) Age: _____

5. Color (up to 3): 1) _____ 2) _____ 3) _____ (Refer to Color Code list)

6. State/Country pet arriving from: _____

7. Physical Characteristics (Physical blemishes, scars or distinguishing marks): _____

8. Are there any special medication/major medical problems? _____

9. Special Diet: (If any, owner needs to provide) _____

IMPORTANT: ORIGINAL HEALTH CERTIFICATE INCLUDING PROOF OF VACCINATIONS MUST BE SUBMITTED WITH PET. FOR BETTER PROTECTION, VACCINATION 2-3 WEEKS PRIOR TO SHIPPING IS HIGHLY RECOMMENDED.

10. Dates and results of most recent blood test :

a. Canine: Heartworm Date: _____ Result: _____

b. Feline: Feline leukemia Date: _____ Result: _____

Feline immuno deficiency virus Date: _____ Result: _____

11. Dates of most recent vaccinations:

Rabies _____	Bordetella bronchiseptica _____
Feline calicivirus _____	Canine coronavirus _____
Feline infectious enteritis/panleukopenia _____	Canine distemper virus _____
Feline pneumonitis/chlamydia _____	Infectious canine hepatitis/adenovirus-2 _____
Feline rhinotracheitis _____	Leptospirosis _____
	Canine parainfluenza _____
	Canine parvovirus _____

Has pet ever been ill? _____ When? _____ What was diagnosis? _____

SECTION 5 ANIMAL CLINIC (In case of an emergency where it is determined that your pet requires hospitalization, please indicate which animal hospital you wish your pet to attend. Refer to List of Approved Animal Clinics. **Owner must register pet with clinic and provide AQS Business Window with proof of registration.** Hospital will not accept unregistered pets.)

Code: _____ Name of Hospital: _____

Having intention of entering the above described animal into the State of Hawaii under the provision of Administrative Rule 4-29 of the Department of Agriculture, the undersigned does hereby agree and covenant to pay to the Department of Agriculture the prescribed \$25.00 registration fee, \$10.00 health record fee and the quarantine fee of \$7.00 per day per dog or \$6.50 per day per cat in full at the time the animal enters quarantine. A \$45.00 rabies testing fee will be assessed for owners attempting to qualify their pet for the 30-day quarantine period also to be paid at the time the animal enters quarantine. The undersigned further agrees to pay, prior to the release of the animal, any additional owner approved services and for services deemed necessary by the station veterinarian to ensure the health and safety of the animal. The undersigned further agrees that failure to pay said fees within the time limit set forth above shall constitute forfeiture of said animal to the State of Hawaii for disposal by means at the discretion of the State, without any further notice and without liability on the part of the State. **FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE.**

I hereby authorize and certify the above to be true.

_____ Signature of Primary Owner	_____ Date
_____ Authorized AQB Employee or Notary Public	_____ Date